

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09 752 929  
APPLICANT(S)

FILING DATE

1-2-01

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
(1)	/						51						
2		/					52						
3		/					53						
4		/					54						
5		/					55	/					
6		/					56						
(7)	/						57						
8		/					58						
9		/					59						
10		/					60						
11		/					61						
12		/					62						
(13)	/						63						
14		/					64						
15		/					65						
(16)	/						66						
17		/					67						
18		/					68						
19		/					69						
20							70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4						TOTAL IND.						
TOTAL DEP.	15						TOTAL DEP.						
TOTAL CLAIMS	19						TOTAL						

Best Available Copy